

1900

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health	
BUREAU OF VITAL STATISTICS		State File No. <u>354</u>	
1. PLACE OF DEATH		Registered No. <u>1686</u>	
County <u>Maricopa</u> State <u>ARIZONA</u>			
Township _____ or Village _____			
City <u>Phoenix</u> No. <u>Laveen</u> District _____			
(If death occurred in a hospital or institution, give its NAME (street and number))			
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
2. FULL NAME <u>Ruby Ray</u>		How long in State when death occurred? _____ yrs. _____ mos. _____ ds.	
(a) Residence: No. <u>Laveen, Ariz.</u> St. _____ Ward _____		(If non-resident give city or town and state)	
(Usual place of abode)			
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Otis Ray</u>			
6. DATE OF BIRTH (month, day, and year) <u>July, 22, 1914</u>			
7. AGE	Years	Months	Days
<u>22</u>	<u>5</u>	<u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or Country) <u>Arkansas</u>			
FATHER	13. NAME <u>Willie Breshear</u>		
	14. BIRTHPLACE (city or town) (State or Country) <u>Arkansas</u>		
	15. MAIDEN NAME <u>Nan Johnson</u>		
MOTHER	16. BIRTHPLACE (city or town) (State or Country) <u>Arkansas</u>		
	17. INFORMANT <u>Otis Ray</u> (Address) <u>Laveen, Arizona, Gen. Del.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood Cemetery</u> <u>Dec. 28, 1936</u>			
19. EMBALMER		License No. <u>26</u>	
FUNERAL DIRECTOR		Signature <u>J. T. Whitney</u>	
Address <u>Phoenix, Arizona</u>			
20. Filed <u>12-29-1936</u> <u>Herbert S. Watson</u> Registrar			
10M-6-12-36-MS-Form 3-100% RAG			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, and year)	<u>Dec. 25, 1936</u>
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____	
I last saw him/her alive on _____, 19____; death is said to have occurred on the date stated above, at <u>11 P.M.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>T.B. Pul. Adv.</u>	
<u>Innards</u>	
Other contributory causes of importance:	
Name of operation _____ Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? _____	
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____	
Where did injury occur? _____ (Specify city or town, county and State)	
Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____	
Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____	
If so, specify _____	
(Signed) <u>Margaret M. D.</u>	(Address) <u>Phoenix, Ariz.</u>

Back of Certificate to be used for any Additional Information

Co. P. 4-5